

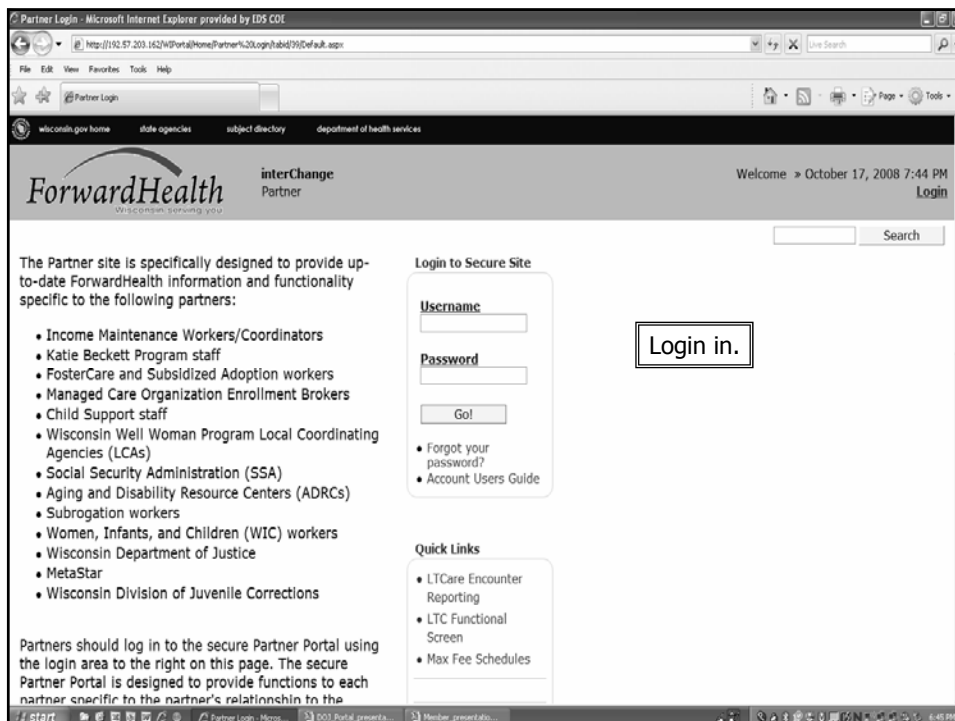
ForwardHealth WEBPortal Presentation

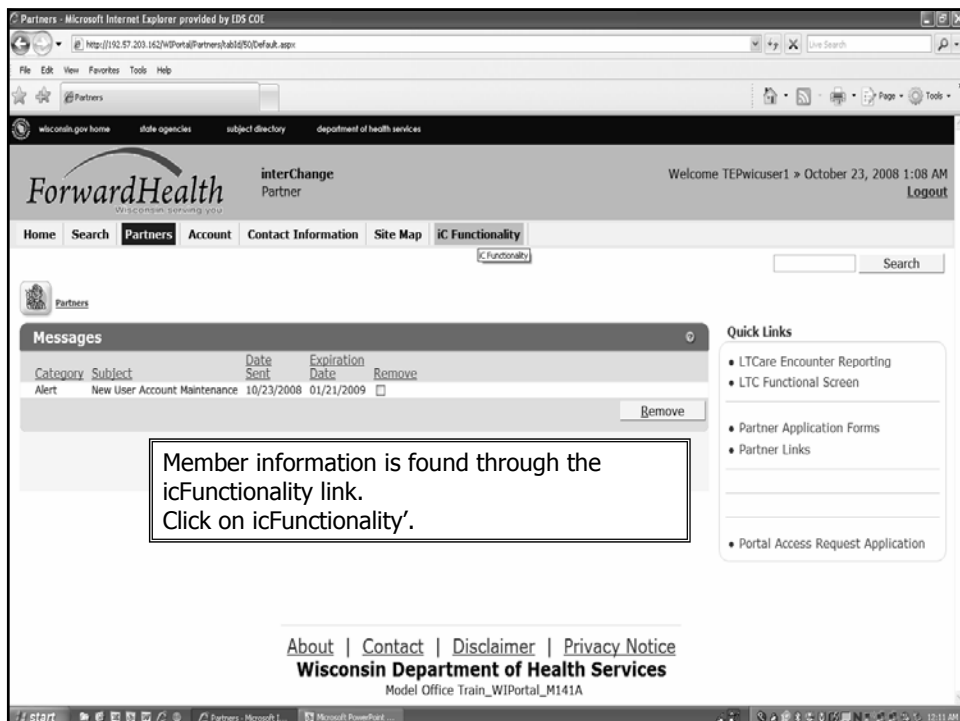
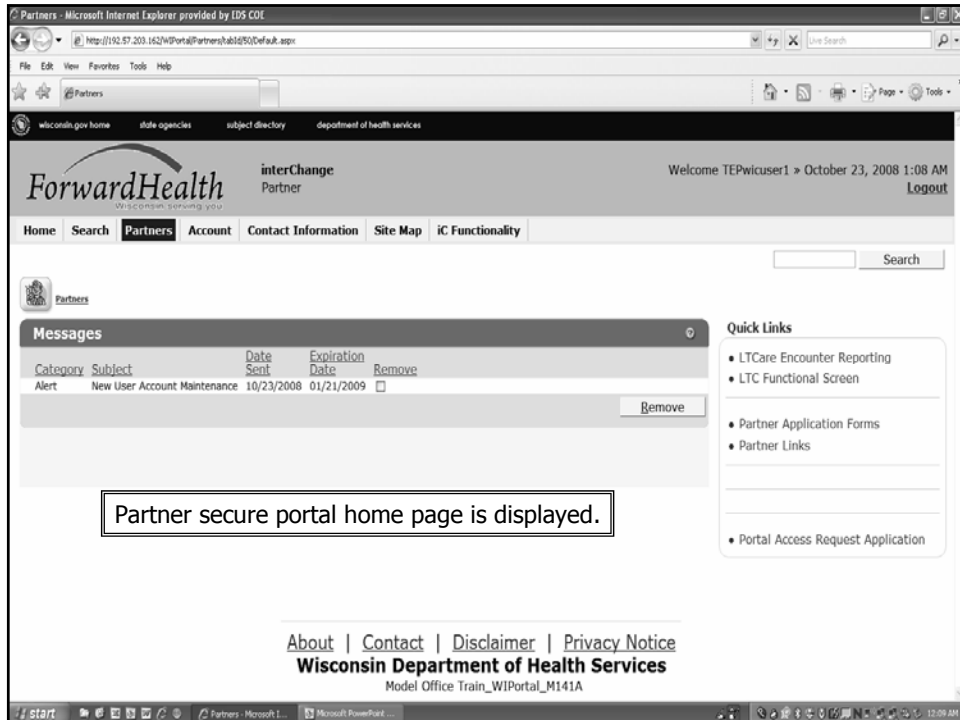
Enrollment Information for WIC Workers

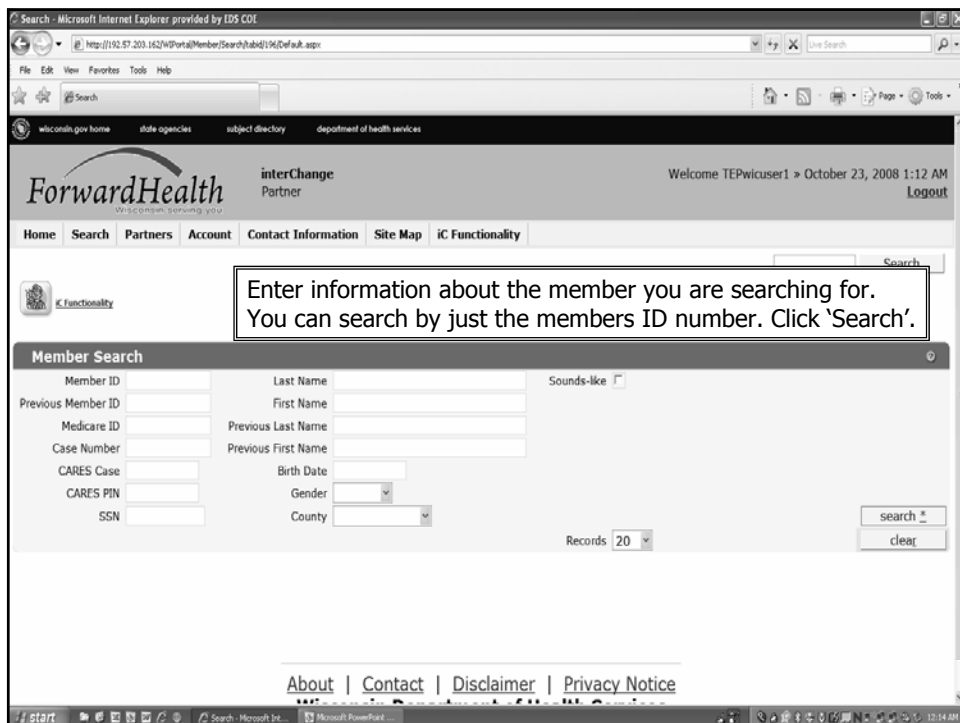
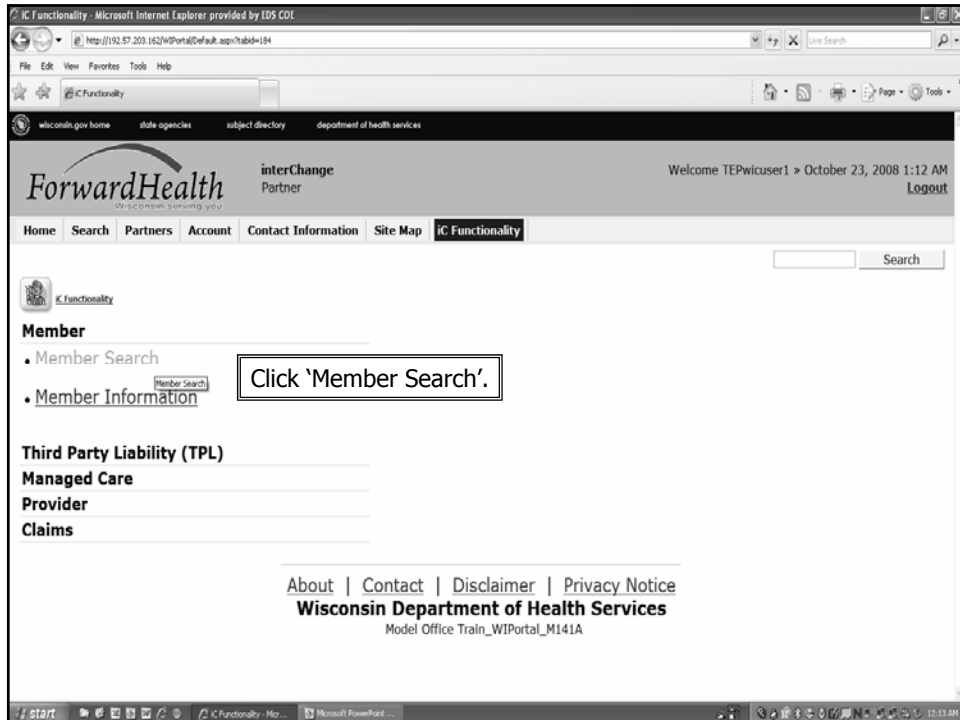
Presented by
Joan Buntin, EDS-HP



The screenshot shows the ForwardHealth Portal website. The browser window title is "ForwardHealth Portal - Microsoft Internet Explorer provided by IDS COE". The address bar shows the URL "http://192.57.203.162/ForwardHealth/default.asp?tpnone=1". The website features the ForwardHealth logo and navigation links: "wisconsin.gov home", "state agencies", "subject directory", and "department of health services". A search bar is located in the top right corner. The main content area includes a "Welcome" message dated "October 17, 2008 7:31 PM" and a "Login" link. The page is organized into several sections: "Providers" (with links like "Become a Provider", "Online Handbooks", "Fee Schedules", "Provider Type Listing", "Certification Packets", and "Wisconsin Administrative Code"), "Managed Care" (with links like "Related Programs and Services" and "References and Tools"), "Partners" (with a link to "Related Programs and Services"), and "Trading Partners" (with links to "Trading Partner Profile", "PES", and "Companion Documents"). A "Hot Topics" section is also present at the bottom. The browser's taskbar at the bottom shows the "start" button and several open tabs, including "ForwardHealth Portal...", "003_Portal_presentation...", and "Member presentation...".







Information - Microsoft Internet Explorer provided by IDS COI

http://192.57.203.162/WPortal/MemberInformation/tabid/197/Default.aspx?tabid=194&id=194&id=194

File Edit View Favorites Tools Help

Information

K functionality

Next search by: Member ID Case Number search * clear

Member Information

Member ID 0782410146	Name GANA, MATHANN M	Active Active
MCI Ind No	Prev Name	Linked ID
CARES Pin 8546518513	CARES Case 8121970385	Case History
Medicare ID	Address B307 AVENUE	Benefit Plan MCD 07/01/05-05/31/08
SSN 802-41-0146	Address 2 PO BOX 001	Medicare Cov
Gender Female	Address 3	Managed Care HMOMD 01/01/06-02/28/07
Birth Date 02/07/1971	City CABBAGE	MC Special Cond
Death Date	State WI	TPL No
Age 37	Zip 00147	Lockin
Race C - Caucasian	Alt Address No	NH Level of Care
Ethnicity 00 Not Applicable	Phone (608)555-0100	Patient Liability
Language UND - UNDETERMINED	Phone Type Home	Deductible
County 40 - Milwaukee	Add Phone	Last HlthChk Scm
Tribal Ind No	Add Type No Phone	Last HlthChk Dntl

Member information displayed when searching by member ID.

Member Maintenance

Select area to add or modify below.

Member Managed Care Medicare Previous Data HealthCheck

Base Information Benefit Plan

start Information - Microsoft Internet Explorer provided by IDS COI

IC Functionality - Microsoft Internet Explorer provided by IDS COI

http://192.57.203.162/WPortal/Default.aspx?tabid=194

File Edit View Favorites Tools Help

IC Functionality

wisconsin.gov home state agencies subject directory department of health services

ForwardHealth Wisconsin serving you

interChange Partner

Welcome TEPWicuser1 » October 23, 2008 1:17 AM Logout

Home Search Partners Account Contact Information Site Map IC Functionality

Search

K functionality

Member

- Member Search
- Member Information

Member Information

Third Party Liability (TPL)

Managed Care

Provider

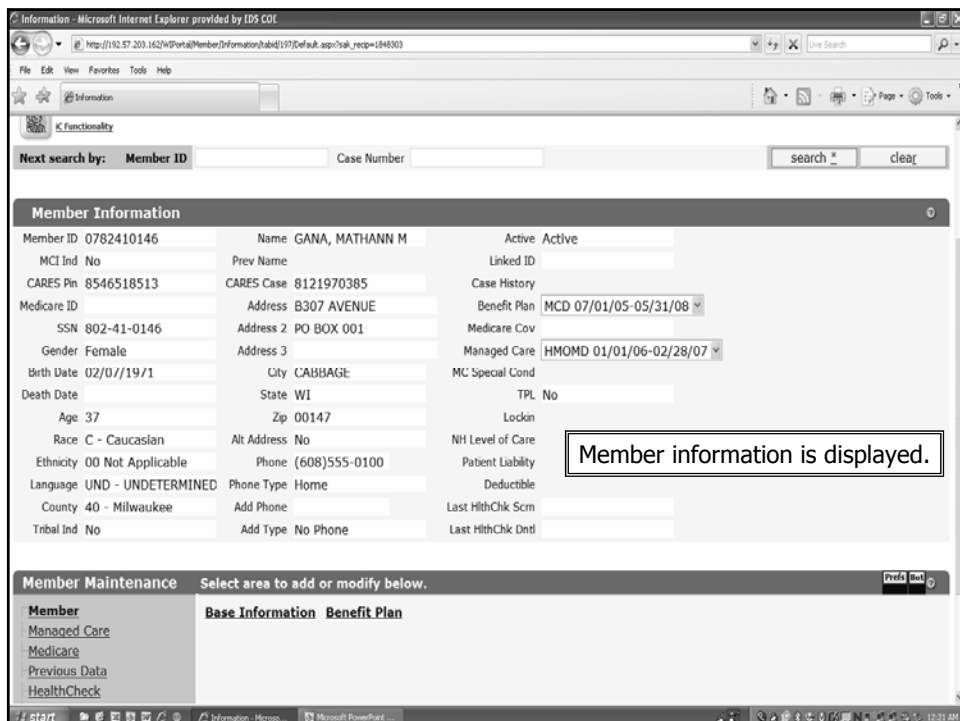
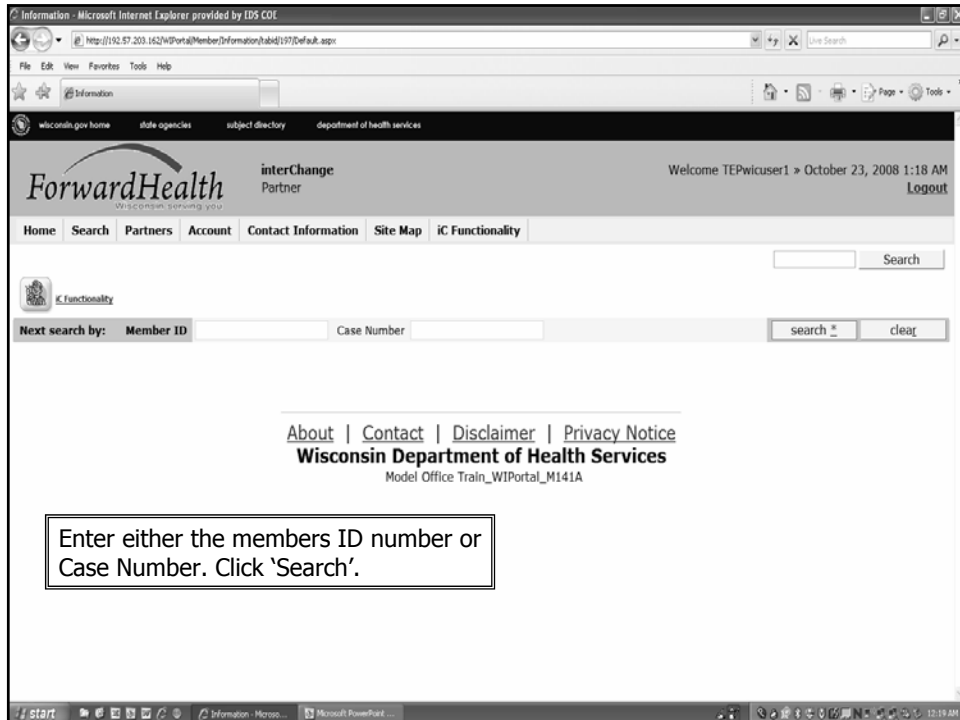
Claims

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start IC Functionality - Microsoft Internet Explorer provided by IDS COI



Information - Microsoft Internet Explorer provided by IDS COI

http://192.57.203.162/WiPortal/MemberInformation/tabid/197/Default.aspx?tab_recid=1849303

File Edit View Favorites Tools Help

Information

K functionality

Next search by: Member ID Case Number search * clear

Member Information

Member ID 0782410146	Name GANA, MATHANN M	Active Active
MCI Ind No	Prev Name	Linked ID
CARES Pin 8546518513	CARES Case 8121970385	Case History
Medicare ID	Address B307 AVENUE	Benefit Plan MCD 07/01/05-05/31/08
SSN 802-41-0146	Address 2 PO BOX 001	Medicare Cov
Gender Female	Address 3	Managed Care HMOMD 01/01/06-02/28/07
Birth Date 02/07/1971	City CABBAGE	MC Special Cond
Death Date	State WI	TPL No
Age 37	Zip 00147	Lockin
Race C - Caucasian	Alt Address No	NH Level of Care
Ethnicity 00 Not Applicable	Phone (608)555-0100	Patient Liability
Language UND - UNDETERMINED	Phone Type Home	Deductible
County 40 - Milwaukee	Add Phone	Last HlthChk Scm
Tribal Ind No	Add Type No Phone	Last HlthChk Dntl

Member Maintenance

Select area to add or modify below.

Member Managed Care Medicare Previous Data HealthCheck

Base Information Benefit Plan

Base Information

Click 'Base Information' to search for information.

start Information - Microsoft PowerPoint

Information - Microsoft Internet Explorer provided by IDS COI

http://192.57.203.162/WiPortal/MemberInformation/tabid/197/Default.aspx?tab_recid=1849303

File Edit View Favorites Tools Help

Information

save cancel

Base Information

Member ID 0782410146	Last Name GANA
MCI Ind N	First Name MATHANN
CARES Pin 8546518513	MI M
CARES Case 8121970385	Name Suffix
SSN 802-41-0146	Address B307 AVENUE
Gender	Address 2 PO BOX 001
Birth Date 02/07/1971	Address 3
Death Date	City CABBAGE
Asian <input type="checkbox"/>	State WI
Black <input type="checkbox"/>	Zip 00147
Native American <input type="checkbox"/>	Phone (608)555-01
Native Hawaiian <input type="checkbox"/>	Phone Type Home
White <input type="checkbox"/>	Add Phone Number
Ethnicity 00 Not Applicable	Add Phone Type No Phone
Language UNDETERMINED	Marital Status UNREPORTED
County Milwaukee	Living Arrangement Other
Tribal Ind No	Migrant Worker No

Clear MCI

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start Information - Microsoft PowerPoint

Information - Microsoft Internet Explorer provided by IDS COI

http://192.57.203.162/Portal/MemberInformation/tabid/197/Default.aspx?tab_recid=1849303

File Edit View Favorites Tools Help

Information

Ethnicity UU Not Applicable Phone (608)555-0100 Patient Disability

Language UND - UNDETERMINED Phone Type Home Deductible

County 40 - Milwaukee Add Phone Last HlthChk Scm

Tribal Ind No Add Type No Phone Last HlthChk Dntl

Member Maintenance Select area to add or modify below.

Member

Managed Care

Medicare

Previous Data

HealthCheck

SSI

Base Information

Benefit Plan

Click 'Benefit Plan' for information about the members benefit plan enrollment.

save cancel

Base Information

Member ID 0782410146 Last Name GANA

MCI Ind N First Name MATHANN

CARES Pin 8546518513 MI M

CARES Case 8121970385 Name Suffix

SSN 802-41-0146 Address 8307 AVENUE

Gender Address 2 PO BOX 001

Birth Date 02/07/1971 Address 3

Death Date City CABBAGE

Asian State WI

Black Zip 00147

Native American Phone (608)555-01

Information - Microsoft Internet Explorer provided by IDS COI

http://192.57.203.162/Portal/MemberInformation/tabid/197/Default.aspx?tab_recid=1849303

File Edit View Favorites Tools Help

Information

County Milwaukee Living Arrangement Other

Tribal Ind No Migrant Worker No

Clear MCI

Benefit Plan

Status Active Only Benefit Plan

search *

clear

Benefit Plan	Status	Stop Reason	Plan Type	Financial Payer	Effective Date	End Date	Worker ID
MCD Medicaid	Active		BNFT	1 Medicaid	07/01/2005	05/31/2008	XMRV11

Select row above to update -or- click Add button below.

Benefit Plan Effective Date

Status Active End Date

Stop Reason

Plan Type

Financial Payer Worker ID

delete add Q

-Medical Status Code Data-

Select row below to update -or- type data below to add.

*** No rows found ***

Type data below for new record.

Medical Status Code

Medical Status Code Status Active

Medical Status Code Effective Date

Medical Status Code End Date

Agency

delete add Q

When the data is retrieved – click the line of information you want displayed.

Information - Microsoft Internet Explorer provided by IDS COI

http://192.57.203.162/WiPortal/MemberInformation/abid197/default.asp?sk_recip=1848303

Benefit Plan

Status: Active Only Benefit Plan: search

Benefit Plan	Status	Stop Reason	Plan Type	Financial Payer	Effective Date	End Date	Worker ID
MCD Medicaid	Active		BNFT	1 Medicaid	07/01/2005	05/31/2008	XMIV11

Type changes below.

Benefit Plan: Effective Date:
 Status: End Date:
 Stop Reason:
 Plan Type:
 Financial Payer: Worker ID:

-Medical Status Code Data- Select row below to update -or- type data below to add.

Medical Status Code	Medical Status Code Effective Date	Medical Status Code End Date	Agency	Site
38 AFDC, cat ndy	03/01/2007	05/31/2008	Goodwill Industries	04
E2 5 mo. child support extension, cat ndy	11/01/2006	02/28/2007	Goodwill Industries	04
31 AFDC regular, cat ndy	03/01/2006	10/31/2006	Goodwill Industries	04
PW Preg. woman, 133%, cat ndy	07/01/2005	02/28/2006	Goodwill Industries	04

Select row above to update -or- click Add button below.

Medical Status Code:
 Medical Status Code Status:
 Medical Status Code Effective Date:
 Medical Status Code End Date:
 Agency:

Fields will populate with the information requested displayed.

Information - Microsoft Internet Explorer provided by IDS COI

http://192.57.203.162/WiPortal/MemberInformation/abid197/default.asp?sk_recip=1848303

Benefit Plan

Status: Active Only Benefit Plan: search

Benefit Plan	Status	Stop Reason	Plan Type	Financial Payer	Effective Date	End Date	Worker ID
MCD Medicaid	Active		BNFT	1 Medicaid	07/01/2005	05/31/2008	XMIV11

Type changes below.

Benefit Plan: Effective Date:
 Status: End Date:
 Stop Reason:
 Plan Type:
 Financial Payer: Worker ID:

-Medical Status Code Data- Select row below to update -or- type data below to add.

Medical Status Code	Medical Status Code Effective Date	Medical Status Code End Date	Agency	Site
38 AFDC, cat ndy	03/01/2007	05/31/2008	Goodwill Industries	04
E2 5 mo. child support extension, cat ndy	11/01/2006	02/28/2007	Goodwill Industries	04
31 AFDC regular, cat ndy	03/01/2006	10/31/2006	Goodwill Industries	04
PW Preg. woman, 133%, cat ndy	07/01/2005	02/28/2006	Goodwill Industries	04

Select row above to update -or- click Add button below.

Medical Status Code:
 Medical Status Code Status:
 Medical Status Code Effective Date:
 Medical Status Code End Date:
 Agency:

When the data is retrieved – click the line of information you want displayed.

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http://192.57.203.162/WIPortal/MemberInformation/tabid/197/Default.aspx?tab_recid=184800

File Edit View Favorites Tools Help

Information

Benefit Plan	Status	Stop Reason	Plan Type	Financial Payer	Effective Date	End Date	Worker ID
MCD Medical	Active		BNFT	1 Medical	07/01/2005	05/31/2008	XMIV11

Type changes below.

Benefit Plan: MCD Medical
 Status: Active
 Stop Reason:
 Plan Type: Benefit
 Financial Payer: 1 Medical
 Worker ID: XMIV11

delete add Q

-Medical Status Code Data- Select row below to update -or- type data below to add.

Medical Status Code	Effective Date	End Date	Agency	Site
18 AFDC, cat ndy	01/01/2007	05/31/2008	Goodwill Industries	04
E2 5 mo. child support extension, cat ndy	11/01/2006	02/28/2007	Goodwill Industries	04
31 AFDC regular, cat ndy	03/01/2006	10/31/2006	Goodwill Industries	04
PW Prog. woman, 133%, cat ndy	07/01/2005	02/28/2006	Goodwill Industries	04

Type changes below.

Medical Status Code: E2 5 mo. child support extension, cat ndy
 Medical Status Code Status: Active
 Medical Status Code Effective Date: 11/01/2006
 Medical Status Code End Date: 02/28/2007
 Agency: 040-04 Goodwill Industries

Fields will populate with the information requested displayed.

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start Information - Member... WIC_Member_page...